State Employee Health Plan & Other Benefits

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This website will educate you on the State of Kansas Employee Health Plan and other benefits you are entitle to as a State of Kansas Employee with the Adjutant General's Department.

This site will have links to the individual providers and you should review these sites to ensure that you make the best educated decision for you and your family.

If you have questions about the individual plans or coverage, please contact the State Employee Health Plan.

Kansas Department of Health and Environment
Division of Health Care Finance
State Employee Health Plan Staff
Room 900-N—Landon State Office Building
900 SW Jackson St.
Topeka, KS 66612

Phone– 785-296-3226
FAX—785-368-7180
Email: benefits@kdheks.gov

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•All plans are Preferred Provider Organizations (PPO)

–Claims paid based on the network status

–Network providers accept the plan allowance as payment in full

–Non Network Providers can balance bill

–All plans include preventive care

Each of our medical plans are preferred provider organizations and use a different network of providers. To get the best benefits, you must use a network provider. You can review their networks on our website or you can contact the plan's customer service.

The SEHP provides a comprehensive health plan package, but not all services are covered. You are encouraged to review the benefit descriptions that are available on the SEHP website. If you have questions, please contact the plan customer service representatives at the phone numbers listed in the front of your Health Benefits booklet.

All plans include coverage for preventive care services. A complete list of the preventive care services is in the benefit description

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COVERED PREVENTIVE CARE

- ⇒ **Well Baby Exams**
- ⇒ **Well Child Exam**
- ⇒ **Well Woman Exam**
- ⇒ **Well Man Exam**
- ⇒ **Prenatal Screening & Counseling**
- ⇒ **Ultrasonography for Aortic Aneurysm**
- ⇒ **Age– Appropriate Bone Density Screening**
- ⇒ **Mammography**

Preventive care services are limited to one per person per year unless otherwise noted. We will cover one physical exam office visit per person per year for all except babies who are eligible for additional exams.

The biggest change in the preventive care for 2012 is that we will now cover an eye exam for each member once per year. The visit is covered even if the diagnosis code listed states a reason other than routine check up.

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Vendor Options

Blue Cross & Blue Shield - **Plans A, B & C**
Coventry/PHS—**Plans A, B & C**
United Healthcare Company—**Plans A, B & C**

The plan line-up for 2012 is slightly different.

- BCBS has added Plan C.
- Coventry and Preferred Health Systems will be a single offering known as Coventry/PHS.
- UMR a UnitedHealthcare Company is being replaced by UnitedHealthcare.
-

Each of the medical plans are standardized. All Plan A policies cover the same services. All Plan B policies are the same and all Plan C policies are the same. There are differences between the vendors who administer the programs. Each uses its own network of providers. Each plan has a different contribution rate that is based on the costs, discounts and claim experience of the plan, so the rates vary between vendors. All plans offer additional discounts and services, so be sure to review their offerings carefully to pick the plan that is best for you and your family.

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Vendor Options

Network Benefit* **(Use of Non Network providers will increase your out of pocket cost.)**

Deductibles

Plan A	**$300 Single**	**$600 Family**
Plan B	**$150 Single**	**$300 Family**
Plan C	**$1, 500 Single**	**$3,000 Family**

Coinsurance

Plan A	**20%**
Plan B	**35%**
Plan C	**20%**

Coinsurance Maximum

Plan A	**$1,400 Single**	**$2,800 Family**
Plan B	**$3,00 Single**	**$6,000 Family**
Plan C	**None**	**None**

Out-of-pocket Maximum

Plan A	**None**	
Plan B	**None**	
Plan C	**$3,000 Single**	**$6,000 Family**

There are no plan design changes for Plans A and B this year and only the pharmacy portion of Plan C is changing.

As you can see, each of the health plans offered has different amounts of out-of-pocket cost in Deductible, Coinsurance and Copays. A more complete comparison can be found in the Health Plan Comparison Chart . You have to decide how much insurance your family needs and how much you can afford to pay in biweekly contributions from your paycheck. The biweekly costs of coverage also vary and the employee cost for coverage is shown on the back of the Health Plan Comparison Chart.

Members who have little or no expenses may be willing to have higher out-of-pocket expenses and pay less for the cost of the coverage vs. those who have greater needs. Plan C also includes a health savings account to set aside money to help pay for out-of-pocket costs. The decision about which plan works best is one that only you can make and depends on your circumstances.

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S E L E C T I N G A M E D I C A L P L A N

1. Pick a plan design (A, B or C)
Which plan design provides the coverage you and your family need?

2. Review the Provider Networks
Each of the medical plans uses a different provider network.

3. Review the other services each medical plan offers.

4. Review the premiums.

•Review the Health Benefits booklet for more information about plan design options. Which plan offers the coverage that you and your family need?

•Once you pick a plan design, you need to review the provider networks of the vendors to determine which ones contract with the doctors and hospitals that you use.

•Consider the other services provided by each of the plans.

•Finally, review the plan cost. Semi-monthly employee plan contributions are listed on the Health Plan comparison chart. Which plan offers the best balance of coverage and cost for you and your family?

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- Quest Diagnostics is the statewide preferred lab vendor for Plans A and B.
- When you have covered outpatient lab work performed and billed by Quest, the plan pays 100 percent of the cost of the services. The plan can pay the additional amounts due to the negotiated discounts with Quest.
- Outside of the covered preventive care services, lab work not performed and billed by a preferred lab vendor such as Quest is covered but subject to the plan deductible and coinsurance.
- Any provider may use the Quest lab service by calling Quest to pick up the sample. You and your provider will decide whether or not to do so.
- Visit Quest's website for a complete list of Quest collections sites.
- Your ID number on your Quest ID card is the same as the number on your medical plan ID card. Either ID card will work.

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S T O R M O N T - V A I L H E A L T H C A R E

Stormont-Vail HealthCare in Topeka will be participating as a regional preferred lab vendor beginning January 1, 2012.

•All SEHP members on Plans A and B may take their doctor's orders to one of the eight Stormont-Vail collection sites and have their specimens drawn and submitted to Stormont-Vail for processing.

1500 SW 10th Ave, Topeka, KS
901 SW Garfield, Topeka, KS
823 SW Mulvane, Topeka, KS
2909 SE Walnut Dr., Topeka, KS
6725 SW 29th St., Topeka, KS
211 East Main, Carbondale, KS
1301 W 12th Ave., STE 401, Emporia, KS
1704 Commercial Circle, Wamego, KS

These locations are open to all Plan A and Plan B members regardless of the health plan they are enrolled in. For non Cotton-O'Neil patients, be sure to bring a copy of your doctor's orders with you when requesting services.

•If Cotton-O'Neil is a network provider for your health plan, and you are a Cotton-O'Neil patient, outpatient labs drawn at their other clinic locations and sent to Stormont-Vail will also be eligible under the preferred lab benefit.

•This is for outpatient lab only and would not include any labs drawn while you are in the emergency room or while you are an inpatient in Stormont-Vail hospital.

•Show your SEHP medical ID card to access the benefit.

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PLANS A & B DRUG BENEFITS

- Generic drugs are your "Best Buys." In addition to a lower coinsurance than brand name products, they also cost less. Generic drugs are safe, effective and FDA-approved.

- Preferred Brand Name drugs are listed on the Preferred Drug List (PDL) and have a 35% coinsurance. You can review the PDL on the SEHP website or on Caremark.com.

- Special case medications are high cost medications where the cost of a 30-day supply exceeds $500. Your responsibility for a 30-day supply is capped at $75.

- Non Preferred Brand Name drugs are those products not listed on the Preferred Drug List. Your coinsurance for these products is 60%. Selecting a Non Preferred product will cost you more out of your pocket.

- For most prescriptions, after the initial 30-day fill, if your physician has authorized it, you can purchase up to a 60-day supply at a time. You may refill your prescription after 75% of the filled drug has been used.

Remember to:

- Review the Preferred Drug List (PDL) available on the SEHP and Caremark websites. The PDL is updated quarterly.

- Print out the PDL and take it with you and talk to your doctor about your prescription options.

- Use Generic drugs when possible. They will save you money.

More information: www2.caremark.com/kse

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PLAN C—HEALTH SAVINGS ACCOUNT

•Plan C is the our high deductible health plan. This plan has a health savings account where you and the State will make contributions that you can use to pay for your out-of-pocket health care costs.

•For members enrolled in employee only coverage, the State will contribute $37.50 per pay period x 24 pay periods or $900 a year into your HSA. For members with dependent coverage, the State will contribute $56.25 per pay period (x 24 pay periods) or $1,350 a year.

•You are required to contribute a minimum of $25 per pay period (x 24 pay periods or 600 a year. You may elect to contribute more up to the maximum allowed contribution from all sources of $3,100 for employee only and $6,250 for employee plus dependents.

•Not everyone is eligible to be enrolled in an HSA Plan due to IRS rules. Please see Health Benefits booklet for a complete list of eligibility rules.

Employer Contribution

Employee Only	**$37.50/semi-mo**	**$900/yr**
Employee + Dependents	**$56.25/semi-mo**	**$1,350/yr**

Employee Contribution

Employee Only	**$25 to $91.66 semi-monthly**
Employee + Dependents	**$25 to $204.16 semi-monthly**

Maximum Annual H.S.A.

Employee Only	**$3,100/yr**
Employee + Dependents	**$6,250/yr**

Each health plan uses a difference H.S.A. vendor
H.S.A. account and funds belong to the employee
Minimum contribution to H.S.A. of $25 semi-monthly by the employee is required.

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PLAN C — DRUG PLAN

- Plan C has its own drug plan. Drugs are subject to the overall plan Deductible and then subject to coinsurance. This is a change for 2012. The Plan C drug plan is now more closely aligned with the benefits of Plans A and B.

- The Preferred Drug List is the same as the one used for Plans A and B. It is available on the SEHP website.

- Generics are subject to a 20% Coinsurance.

- Preferred Brand Name drugs will have a 35% Coinsurance.

- Non Preferred Brand Name drugs will have a 60% Coinsurance.

- Special Case Medications – these are high cost prescriptions that are subject to a 25% coinsurance to a maximum member cost of $75 per 30-day supply. A complete list of Special Case Medications is available on the SEHP website along with the Preferred Drug List.

- This plan includes a generic incentive provision. That means if a drug is available as a generic and you elect to take the brand name drug instead, you will be responsible for the coinsurance and the difference in cost between the generic and the brand name drug.

- For our more mature members, we want you to be aware that Medicare does not consider this drug benefit to be creditable coverage due to the deductible requirement. For members who will be reaching Medicare age, this means that this is not considered a creditable coverage and Medicare may impose higher premiums for not having been on a creditable plan.

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PLAN C—CHRONIC CARE BENEFIT

- Another change in the Plan C prescription drug benefit is the addition of the chronic care benefit for asthma and diabetes. This benefit is not identical to the benefit on the standard drug plan because this is a qualified high deductible plan with HSA. All prescriptions are subject to the overall plan deductible, but after you have paid the deductible, the plan will limit your cost on Asthma and Diabetic drugs to a maximum of $10 for a generic and $20 for a Preferred Brand Name drug. Non Preferred Brands are still subject to the 60% coinsurance.

Drugs for:

Diabetes

Generic Drug	**Deductible +10% up to $10 max.**
Preferred Drug	**Deductible +20% up to $20 max.**

Asthma

Generic Drug	**Deductible +10% up to $10 max.**
Preferred Drug	**Deductible + 20% up to $20 max.**

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Dental Plan coverage is administered by Delta Dental of Kansas.
www.deltadentalks.com

Delta Dental PPO Network
The PPO network providers have agreed to a reduced fee for providing dental services. As a result, you generally pay a lower percentage of the total bill than you would when using the Premier Network. The PPO network for our group includes all PPO providers in the national DeltaUSA PPO network. All participants in the Delta Dental program may use the PPO providers whenever desired.

Preventive Care
Diagnostic and preventative services are covered at 100% with no deductible. Covered services include:

- Prophylaxis/cleanings - twice per plan year.
- Oral examinations - twice per plan year.
- Bitewing x-rays
  - Adults - 1x a year
  - children under 18 - 2 x a year
- Full mouth x-rays - once each five (5) years.

- Limited coverage for children only:
  - Sealants
  - Space maintainers
  - Topical fluoride

- Ancillary - emergency relief of pain.

Plan Deductibles
A deductible of $50 per person with a maximum annual family deductible of $150 now applies to all basic and major restorative care. This includes:

- Basic Restorative
- Regular restorative dentistry - fillings
- Oral surgery
- Endodontics - root canals
- Periodontics - treatment of gum and bone disease
- Additional diagnostic X-rays
- Major Restorative
- Special restorative dentistry - crowns
- Prosthodontics - bridges, implants and dentures
- TMJ Treatment - requires prior authorization

A $1,000 per person per lifetime benefit applies to orthodontic benefits; and there is an annual benefit maximum of $1,700 per person per year for all dental services except orthodontics.

Coinsurance
Preventive Care Services are always covered at 100 percent of the allowed amount. Ninety days after a preventive office visit or cleaning, the member is eligible for the enhanced benefit. The basic benefit applies when the member has not had at least one routine prophylaxis (cleaning) and/or preventive oral exam in the prior 12 months. The member is responsible for paying 50% coinsurance for all basic and major restorative services, regardless of provider.

However, if the member has had at least one routine prophylaxis (cleaning) and/or preventive oral exam in the preceding 12 months, basic restorative services are subject to a coinsurance of 20% when provided by a PPO provider and 40% coinsurance when provided by a Premier or Non Network provider. Major restorative service continue to be covered at the 50% coinsurance rate for all providers.

New members will have a one year grace period at the enhanced level to get their annual exam and cleaning.

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Superior Vision Services Plan

YOU ARE OFFERED TWO VISION PLANS THROUGH SUPERIOR VISION SERVICES*: THE BASIC PLAN AND THE ENHANCED PLAN.

You may choose to enroll yourself and any eligible dependents in one of the vision plans, whether or not you or your dependents are enrolled in the health plan. However, if you choose dependent vision coverage, and dependent children also are enrolled in the health plan, the dependent children enrolled in the vision plan must match those enrolled in the health plan.

Please note that you can enroll or change your coverage only when you or a dependent first becomes eligible, during the annual Open Enrollment period, or if a dependent becomes ineligible. This holds true even if you have made a special arrangement to pay your rates on an after-tax basis.

SPECIAL FEATURES FROM SUPERIOR VISION SERVICES

Discounts on the first pair of fully covered eye wear. Discounts are available for lens add-ons or upgrades not otherwise covered by the plan. The discount is 20 percent and is available from providers identified in the provider directory with a "DP."

Discounts on additional eye wear. Discounts are available for additional eyewear purchases. The discounts range from 10 percent to 30 percent and are available at providers identified in the provider directory with a "DP."

Discounts on refractive surgeries such as LASIK, RK and PRK. Providers listed in the provider directory with the "RF" designation will provide Superior Vision members with a discount of 20 percent on refractive surgeries.

** The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.*

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F L E X I B L E S P E N D I N G A C C O U N T

Participating in a flexible spending account (FSA), such as the Health Care FSA and the Dependent Care FSA, is an easy way to set aside money for eligible anticipated out-of-pocket health care expenses and dependent care expenses. You can choose to enroll in either account or both.

Through an FSA, you are reimbursed for certain eligible expenses with pre-tax dollars that you set aside upfront—money that comes out of your paycheck before Social Security, federal and most state and local taxes are deducted. Because you do not pay taxes on your FSA contributions, the amount of money you would have paid for taxes is available to you for other purposes.

Each year, you specify how much of your salary you want to have deducted from your paycheck and deposited into your FSA account to cover eligible expenses.

To file a claim for an eligible expense, fill out a claim form and fax or mail the form and receipts to ASI. You may also fill out a claim form electronically and e-mail the form along with electronic copies of the receipts to claims@asiflex.com

The money in your account, which has never been taxed, is then used to reimburse you for those expenses. Reimbursement of FSA claims is handled by ASI and can be paid by check or direct deposit into your bank account.

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Eligibility is based in part on family income. Children in households with incomes up to 250 percent of the Federal Poverty Levels, who would otherwise qualify for the Federal/State HealthWave program, may be eligible for the HealthyKIDS program.

Consult the Qualifying Income Chart below to see if you meet the guidelines for the HealthyKIDS program. If you believe you may be eligible, enroll online using the HealthyKIDS Application link below.

Qualifying Income Chart - Effective 05-01-11

HealthyKIDS Information (pdf)

HealthyKIDS Application

REMEMBER - YOU MUST RE-APPLY EVERY YEAR DURING OPEN ENROLLMENT, EVEN IF YOU WERE ELIGIBLE AND ENROLLED THE PREVIOUS YEAR.

If you are applying mid-year due to a qualifying event, your application must be received no more than 31 days from the date of the qualifying event.

Enroll online using any computer with Internet access - at work, home, a Job Service Center, or at most public libraries.

Your enrollment will be processed and you will be notified by mail, using your home address currently on file, if you qualify. If approved, your premiums for coverage of your dependent children will be adjusted based upon the current HealthyKIDS rates.

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L O N G T E R M C A R E I N S U R A N C E

GENERAL GROUP LONG TERM CARE INSURANCE INFORMATION

K.S.A. 75-6522 established the provisions for a long term care benefit plan for state employees. Effective July 1, 2010, the KHPA entered into a 3 year contract with Genworth Life Insurance Company to provide voluntary Group Long Term Care (GLTC) insurance to the State of Kansas employees and retired employees

The GLTC program is a fully insured product administered and direct billed by Genworth Life Insurance Company. The coverage is fully portable, meaning that the employee may take their coverage with them if they leave employment with the State of Kansas. The coverage remains in effect as long as premiums continue to be paid.

Retirees retain their GLTC insurance regardless of where they live as long as premiums continue to be paid.

I.ELIGIBILITY

The following groups are eligible to apply for the State of Kansas Group Long Term Care Insurance program:

A. Eligible Employees and Retirees age 18 years and over

A) Any actively at work, benefits eligible State of Kansas Employee, either existing or newly hired
B) Any benefits eligible State of Kansas retiree under the age of 80

B. Eligible Family Members age 18 through age 79

A) Spouses of any benefits eligible State of Kansas Employee, either existing or newly hired
B) Benefits eligible surviving spouses
C) Spouses of benefits eligible State of Kansas retirees
D) Adult children of benefits eligible State of Kansas Employee or retiree
E) Siblings, parents, parents-in-law and step-parents and step parents-in-law
F) Grandparents, grandparents-in-law and step grandparents and step grandparents-in-law

II. PROGRAM REQUIREMENTS

A. Current Benefits Eligible Employees

Actively at work, benefits eligible employees, their spouses and other eligible family members are still able to apply for coverage under the program at any time; however, Full Underwriting will be required for enrollment. With Full Underwriting, the individual must complete a Genworth Long Form application, which includes a full medical questionnaire, to be approved for coverage.

B. Newly Hired Employees

The only exception to the Full Underwriting process is Newly Hired employees and their spouses. Once the employee becomes benefits eligible, they have 30 days to apply for coverage with the following underwriting requirements:

a. Actively at work employees under the age of 66—No medical underwriting required
b. Spouses under the age of 66—Streamlined underwriting (Genworth short form application)
c. Employees age 66 to age 69—Streamlined underwriting (Genworth short form application
d. Employees over the age of 69 through age 79—Full medical underwriting (Genworth long form application)
e. Spouses age 66 through age 79—Full medical underwriting (Genworth long form application)

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HealthQuest Rewards Program

From October 1, 2011 through July 31, 2012, employees enrolled in the State Employee Health Plan have an opportunity to earn credits by participating in wellness activities offered through their benefits plan. Those who earn at least 20 credits by July 31, 2012, will receive a health insurance premium discount of $480 for Plan Year 2013.

Employees may select from a wide variety of online, telephonic and in-person programs to earn credits as shown in the chart below. **Please note that a Health Screening and Health Assessment are required.**

PRIZES: In addition to the premium discount, employees can win gift cards through prize drawings as follows:

November 30, 2011 Drawing - Includes everyone who has registered an account since January 2010 on the wellness portal at http://www.kansashealthquest.com

March 31, 2012 Drawing - Includes everyone who has earned at least 20 credits

July 31, 2012 Drawing - Includes everyone who has earned at least 20 credits; those who have earned more than 20 credits will be entered multiple times for more chances to win

A total of 53 winners will be selected during each drawing! There will be 1 winner of a $100 gift card, 2 winners of $50 gift cards, and 50 winners of $25 gift cards.

Employees who have waived coverage as well as retirees, spouses and dependents (age 18 and older) who are enrolled in the State Employee Health Plan may participate in programs to earn credits for the prize drawings but do not need to earn credits for the premium discount.

Credits are tracked on the wellness portal at http://www.kansashealthquest.com

Program details are available on the HealthQuest website at http://www.kdheks.gov/hcf/healthquest

Access HealthQuest programs toll-free at 1-888-275-1205

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Throughout your career, you contribute a percentage of your pay to the Retirement System. Your employer also contributes into the System on your behalf. You automatically earn service credit for the years you work in a covered position. After five years of service, you are *guaranteed* a monthly retirement benefit for the rest of your life. This is called "vesting" your benefit. If you leave before retirement, you can take your contributions plus interest, but not employer contributions.

In addition to retirement benefits, KPERS also provides life insurance, long-term disability and death benefits while you are working.

- Basic Life Insurance and Death Benefits
- Optional Group Life Insurance
- Disability Benefits
- Surviving Spouse Benefit Option
- KPERS Tier 1 Benefits at a Glance (PDF, 243KB): publication providing a summary of key benefits
- KPERS Tier 2 Benefits at a Glance (PDF, 243KB): publication providing a summary of key benefits

KPERS Membership Guide (PDF, 667KB): publication providing detailed information about KPERS membership

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D E F E R R E D C O M P E N S A T I O N P L A N

You need more than KPERS for your retirement.

We're here to help.

The Kansas Public Employees Deferred Compensation Plan is a voluntary 457(b) savings plan for you to complement KPERS and Social Security.

Easy. Enroll online or a local plan rep can visit you.

Flexible. Choose how much you save and when.

Automatic. Deducted pre-tax from your pay.

Affordable. As little as $12 per pay period.

Real People. Help from real people in Kansas.

Consolidate Assets. Rollover.
KPERS oversees the plan and has your interest in mind.

- Simplified investment options
- Investment expenses at almost half the industry average

Enroll Today. Your Future's Worth It.

Our local Topeka Service Center is open from 7:30 a.m. to 5:00 p.m. (Central Time), and is located at 212 SW 8th St., Suite 100. You can call ING at **(785) 296-7095** or toll-free **(800) 232-0024** and press option 5 to arrange an appointment with one of our representatives, or get directions to the office.

Our national Customer service associates (CSAs) are also available by calling the above number, Monday-Friday 7:00 a.m. - 8:00 p.m. (Central Time), and pressing 0#.

Find Your Local Representative
ING representatives are available to answer any questions you may have. Please click on the link below to get the contact information for the local representative that services the area where you work.
Find your local representative

Topeka Office

ING Financial Partners, Inc.
212 SW 8th St. Ste. 100
Topeka, Ks. 66603
(785) 296-7095